



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19842

Title: Successful living donor intestinal transplantation in cross-match positive recipients: Initial experience

Reviewer’s code: 02916463

Reviewer’s country: Spain

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-23 17:56

Date reviewed: 2015-08-08 20:03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript approaches two topics in intestinal transplantation: living donor transplants and transplantation in sensitized patients. Authors present two cases of intestinal transplant after desensitization treatment with living donor grafts. Case #1: Recipient with strong preformed DSA, treated with multiple plasmapheresis and immunoglobulin infusions. It would be interesting to show the evolution in DSA titles during treatment. Authors do not describe the doses of neither immunosuppressive drugs nor immunoglobulin used at induction. DSA titles after transplant are not shown. PTLD is not described (type of PTLD, immunosuppression at the moment of PTLD development, location of the tumor, etc). The role of rituximab in antibodies production has not been analyzed. Case #2: Recipient with anti-HLA antibodies but no DSA, and negative cross match, so patient was not sensitized against her donor. Nonetheless the patient underwent desensitizing treatment. Living donor intestinal transplant is not integrated in all transplant programs, because it carries important ethical conflicts due to the risk of complications in donors (surgical complications, hydroelectrolitic disturbances, increased bowel movements, etc). One of the main theoretical



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advantages of living donor is the possibility of choosing compatible HLA donors in sensitized receptors. It seems to have no sense to perform it with a donor against the recipient has preformed antibody (Case #1). Case #2 has been treated as a sensitized recipient despite not having DSA against his donor.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19842

Title: Successful living donor intestinal transplantation in cross-match positive recipients: Initial experience

Reviewer's code: 03011198

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Date sent for review: 2015-05-23 17:56

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is good case report. However may need some information #1 How long is the intestine length before and after SMA thrombosis in case 1. may need figure. #2 Describe methods and manufacture of PRA and DSA examination. #3 How was the interval and amount of PE in case 1 #4 What was direct indication for intestinal transplant in case 1 #5 How was the dose of thimogloulin and interval in case 1. PE too #6 What was recent DSA result in case 1 and 2



ESPS PEER-REVIEW REPORT

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Reviewer’s country: United States

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript is essentially an extended case report that presents the authors' experience with transplanting cross match-positive small bowels from living donors following an intensive desensitization protocol. As the authors mention, this method/source of grafts can contribute to alleviating the shortage of acceptable donors in certain populations. To this end, the experience discussed in the manuscript is of interest. My main issue with the work is the relatively short follow-up interval (2 years and 6 months), particularly due to the numerous uncertainties related to AMR in the small bowel transplant setting. The authors make a case with their manuscript that their technique may afford short term graft survival with stringent followup including biopsies, but the interesting (and perhaps equally critical question) is what the long-term survival of these grafts will actually be. In summary, this work provides a useful starting point for larger and more regimented studies that would include longer-term follow-up. The authors should acknowledge that this represents their experience with only two patients and limited followup.



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Name of journal: World Journal of Gastrointestinal Surgery

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Title: Successful living donor intestinal transplantation in cross-match positive recipients: Initial experience

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> Duplicate publication	
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The effectivity of desensitization is demonstrated by PRA and flow cytometry cross-match with channel shift. For the reliability of these techniques the principle and the limitations should be discussed with more details.